

Appendix 13:

SARS Personal Protective Equipment Pack for Primary Care Team Instructions on Use

The following is supplied in your SARS Personal Protective Equipment [PPE] pack and is intended for use on one occasion only:

- 2(FFP3) respirator masks (1 large/1 small)
- 1 pair protective eyewear (visor)
- 1 disposable, long-sleeve gown (water repellent)
- 4 pairs disposable gloves (Medium x2 Large x 2)
- 4 x sachets of alcohol-based hand gel/foam/rub
- 2 patient surgical masks
- large waste bag (yellow) & neck tie

1.0 Introduction

- 1.1 ***Infection control precautions*** should be taken by all community healthcare workers who come into contact with a possible /probable case of SARS, this should be gloves and a respirator mask (conforming to at least European standard EN149:2001 **FFP3**), gown & eye protection. If a respirator mask is not immediately available, a surgical face-mask should be worn.
- 1.2 All healthcare workers in close contact with a possible SARS case should be considered a contact of that case and ensure their name is reported promptly to their Occupational Health department. GPs contacts & their staff should report to the CCDC of relevant Board.
- 1.3 General guidance on the correct use of the respirator mask follows and should be read carefully along with any manufacturers instructions. Fit is critically important and a fit check should be done each time a respirator mask is worn (see below).
- 1.4 Standard infection control precautions should be followed (including careful attention to hand hygiene with the use of alcohol hand rubs where available). Disposable gloves should be used when in direct contact with body fluids of the patient (especially respiratory secretions, urine & faeces).

2.0 Hand Hygiene (2 x sachets of alcohol-based hand gel/foam/rub)

Hand washing should be performed before and after contact with every patient

- after contact with body fluids, esp urine, faeces, oral secretions and sputum
- after contact with items known or considered likely to be contaminated with body fluids, especially respiratory secretions (e.g. oxygen tubing, masks, used tissues)
- immediately after removing gloves and other protective equipment.
- Alcohol handrubs/gel are effective for hand hygiene and should be used after removal of gloves/ between change of gloves.

3.0 Gloves (4 pairs disposable gloves (Medium x2 Large x 2))

- 3.1 Clean, non-sterile medical quality gloves of adequate size to wearer should be worn for all possible/probable SARS patients. These should be put on before entering the patient's room. If a change of gloves is required within the room ensure hands are decontaminated (soap & water or alcohol gel) prior to application of replacement gloves.

- 3.2 Gloves must never be washed or reused.
- 3.3 Gloves should be used as an additional measure, not as a substitute for hand hygiene.

4.0 Gowns (1 disposable, long-sleeve gown (water repellent))

- 4.1 Long sleeved (water repellent) gowns should be worn by all HCWs entering the room of a suspect/probable SARS patient.
- 4.2 Gowns should be removed before leaving the patient's house.

5.0 Eye protection (1 pair protective eyewear (visor))

- 5.1 Eye protection (visor) should be worn when providing direct patient care to protect the eyes from splashes.
- 5.2 Prescription eye glasses **do not** provide adequate protection from droplets.

6.0 Respiratory Protection Healthcare workers 2x N95 respirator masks (for staff use)

- 6.1 Healthcare workers should use a respirator mask, this is to prevent the inhalation of virus particles from the air. The N95 respirator mask should be used.
- 6.2 Fit is very important, remember to read the manufacturers instructions.
- 6.3 The respirator mask must seal tightly to the face or air will enter from the sides. A good fit can only be achieved the respirator mask seals against the skin is clean-shaven. Beards, long moustaches & stubble may cause leaks around the respirator mask.
- 6.4 The respirator mask should only be removed in a safe area, (e.g. just outside the patient's room) away from the patient. It may be necessary to change the respirator mask if breathing becomes difficult, the respirator mask becomes damaged or distorted or contaminated by body fluids, or if a proper face fit cannot be maintained.
- 6.5 The respirator mask should fit snugly over the face, with the metal strip at the top. Position the strings to keep the mask firmly in place over the nose, mouth and chin. Mould the metallic strip to the bridge of the nose with two hands. NB some respirator masks do not require moulding. Do not touch the respirator mask again until removal.
- 6.6 Masks or respirators should be disposed of immediately after use as clinical waste.

*Respirator masks with expiration valves should be used by HCWs only.

Respirator masks with expiration valves **MUST NOT be used for suspected or confirmed SARS patients, because the expiratory valve could disseminate the virus into the environment.

Wearing a respirator mask minimizes the risk of SARS, however, it is not a guarantee of protection against SARS, and other Infection Control procedures, particularly hand washing, are also very important.

7.0 Putting on and Removing PPE

The hallway may be the most suitable place for putting on and removing PPE.

7.1 Putting on PPE (do so before entering the patient room)

1. Mask first followed by Eyewear

2. Gown (tie and ensure back is covered) followed by Gloves (cover cuffs of gown with gloves)

7.2 Removing PPE

1. First untie your gown at the neck and waist carefully pulling on the end of the string taking care not to touch your inner clothing.
2. Place hands on the outside of your gown at shoulder level and pull downwards to remove both gown and gloves in one movement ensuring that you only touch the inside of the gown with your bare hands.
3. Continue to carefully roll the gown into a ball and then place the waste into a clinical waste bag.
4. You then must wash your hands
5. Decontaminate your hands with an alcohol hand preparation ensuring all areas of the hands have been treated. Use the same technique as for handwashing.
6. Next remove your visor and place in the clinical waste bag.
7. Then remove your respirator mask by breaking the ties at one side of the mask and then carefully dispose off into the bin. Great care must be taken to ensure you do not touch the body of the respirator mask.
8. Again decontaminate hands with alcohol.

8.0 Respiratory Protection Patient (2x surgical masks (for patient use))

- 8.1 The surgical masks are for use by the person in isolation to prevent dispersal of the virus into the air especially when there is another person in the same room.
- 8.2 The patient should be advised to cough/sneeze into a paper tissue and dispose of this safely into the toilet/or the clinical waste bag provided in the pack.
- 8.3 The mask should fit snugly over the face, with the coloured side out and the metal strip at the top. Position the strings to keep the mask firmly in place over the nose, mouth and chin. Mould the metallic strip to the bridge of the nose. Do not touch the mask again until removal.
- 8.4 Removal of mask should be followed by handwashing and the mask discarded by placing in the clinical waste bag provided.
- 8.5 A mask should be worn by the person in isolation: in the house especially if someone else is in the same room, and if in transit to hospital and when in the hospital.
- 8.6 The person in isolation should wash their hands frequently particularly after contact with respiratory secretions, urine or faeces (e.g. handling tissues or going to the toilet).
- 8.7 Hands of close contacts should be thoroughly washed before and after contact with patient and after activities that are likely to cause contamination.

9.0 Clinical waste (waste bag (yellow) & neck tie)

- 9.1 All PPE and other contaminated waste from a Patient with suspected/confirmed SARS should be discarded as clinical waste and be placed in a clinical waste bag. Arrangements should be made for the disposal of waste from a patients own home. This waste should be collected via the normal arrangements within the Trust for community waste collection or via the GP waste contract.

Contact your Infection Control Team/CCDC for further advice.